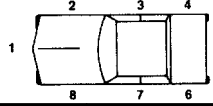
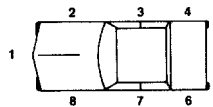


Local Traffic Crash Report

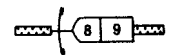
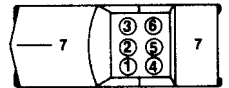
Grove City Division of Police

Local Report Number _____

Report Taken <input type="checkbox"/> Substation		Total Number of Vehicles and Pedestrians Involved		Combined Vehicle and Property Loss (Account for the total of all vehicles and property damaged)	
				<input type="checkbox"/> Over \$150 <input type="checkbox"/> Under \$150	
In County Of		• Within the limits of Grove City		Date of Crash	
				M D Y	
Crash Occurred On		Within The Intersection Of			
If Not In Intersection (List Nearest Intersecting Street, Milepost, House No.)					
_____ Miles _____ Feet W N E S Of					
A Unit No.		No. Of Occupants		Operating <input type="checkbox"/> Parked <input type="checkbox"/> Driverless <input type="checkbox"/> Non-Contact <input type="checkbox"/>	
				Insurance Co. Or Agent	
Driver - Pedestrian Name (Last, First, MI)			Address (No., Street, State, Zip Code)		
Phone No.		Birth Date		Age	
		M D Y			
Owner (If Same As Driver, Write Same)			Address		Phone
Veh. Year	Make	Model	Color	Style	State
License Plate No.		Towing Service		Veh/Ped Dir	
				From To	
Circle Damage Areas				Damage Severity <input type="checkbox"/> Non-Functional <input type="checkbox"/> Functional <input type="checkbox"/> Disabling	
		9 Top 10 Undercar 11 Load 12 Trailer		Damage Scale <input type="checkbox"/> None <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy	
		Vehicle Disposition		Fire	
		<input type="checkbox"/> Driven Away <input type="checkbox"/> Remained At Scene <input type="checkbox"/> Towed		<input type="checkbox"/> No Fire <input type="checkbox"/> Fire Due To Crash <input type="checkbox"/> Other Fire	
B Unit No.		No. Of Occupants		Operating <input type="checkbox"/> Parked <input type="checkbox"/> Driverless <input type="checkbox"/> Non-Contact <input type="checkbox"/>	
				Insurance Co. Or Agent	
Driver - Pedestrian Name (Last, First, MI)			Address (No., Street, State, Zip Code)		
Phone No.		Birth Date		Age	
		M D Y			
Owner (If Same As Driver, Write Same)			Address		Phone
Veh. Year	Make	Model	Color	Style	State
License Plate No.		Towing Service		Veh/Ped Dir	
				From To	
Circle Damage Areas				Damage Severity <input type="checkbox"/> Non-Functional <input type="checkbox"/> Functional <input type="checkbox"/> Disabling	
		9 Top 10 Undercar 11 Load 12 Trailer		Damage Scale <input type="checkbox"/> None <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy	
		Vehicle Disposition		Fire	
		<input type="checkbox"/> Driven Away <input type="checkbox"/> Remained At Scene <input type="checkbox"/> Towed		<input type="checkbox"/> No Fire <input type="checkbox"/> Fire Due To Crash <input type="checkbox"/> Other Fire	
Occupant Section	C From Unit No.	Name (Last, First, MI)		Birth Date	
				M D Y	
		Address		Phone	
				Age	
				Sex	
				Position	
				A B C D E F	
D From Unit No.	Name (Last, First, MI)		Birth Date		
			M D Y		
	Address		Phone		
			Age		
			Sex		
			Position		
			A B C D E F		
E From Unit No.	Name (Last, First, MI)		Birth Date		
			M D Y		
	Address		Phone		
			Age		
			Sex		
			Position		
			A B C D E F		
F From Unit No.	Name (Last, First, MI)		Birth Date		
			M D Y		
	Address		Phone		
			Age		
			Sex		
			Position		
			A B C D E F		
G From Unit No.	Name (Last, First, MI)		Birth Date		
			M D Y		
	Address		Phone		
			Age		
			Sex		
			Position		
			A B C D E F		
H From Unit No.	Name (Last, First, MI)		Birth Date		
			M D Y		
	Address		Phone		
			Age		
			Sex		
			Position		
			A B C D E F		
I From Unit No.	Name (Last, First, MI)		Birth Date		
			M D Y		
	Address		Phone		
			Age		
			Sex		
			Position		
			A B C D E F		
Date Report Filed		Desk Officer's Name & Badge #			
M D Y					

Driver - Pedestrian - Vehicle Section

Occupant Section



P-PEDESTRIAN

Restraints

- 1 Not Used
- 2 None Available
- 3 Lap Belt Used
- 4 Lap/Shoulder Belt Used
- 5 Shoulder Belt Used
- 6 Child Safety Seat
- 7 Air Bag Used
- 8 Use Not Reported

Ejection

- 1 Not Ejected
- 2 Partial
- 3 Total
- 4 Trapped Inside Vehicle

[illegible]